

Fee \$10.00 each _____

JENNINGS COUNTY HEALTH DEPARTMENT

DL# _____

P.O. BOX 323

VERNON, IN 47282-0323

PHONE: 812-352-3024

EMAIL: leahigh@jenningscounty-in.gov

WARNING: False application, alters
counterfeits, or mutilates an Indiana
Birth certificate is a misdemeanor offense
According to Indiana State Code I.C. 16-37-1-12.

ALSO

P.L. 94-1988 Requires showing
at least one form of identification
before a certified copy of birth
is issued, including the birth
certificate of a child.

If applying by mail you must have this form notarized

APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD

PLEASE COMPLETE ALL ITEMS BELOW

FULL NAME AT BIRTH: _____

Could this birth be recorded under any other name?

If so, please provide name: _____

DATE OF BIRTH: _____

HAS THIS PERSON EVER BEEN ADOPTED? YES _____ NO _____

IF YES PLEASE GIVE NAME AFTER ADOPTION: _____

PLACE OF BIRTH: CITY: _____ COUNTY: _____

FULL NAME OF FATHER: _____

(If adopted, give name of adoptive father)

FULL MAIDEN NAME OF MOTHER: _____

(If adopted, give name of adoptive mother)

PURPOSE FOR WHICH RECORD IS TO BE USED: _____

YOUR RELATIONSHIP TO PERSON WHOSE BIRTH RECORD IS REQUESTED: _____

SIGNATURE OF APPLICANT: _____

MAILING ADDRESS: _____

CITY: _____ STATE & ZIP: _____

TELEPHONE: _____ DATE: _____

Notary Signature: _____ Print: _____

State of: _____ Commission Expires: _____

County of: _____